FORM

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

FOR	DRA	USE	ONLY

AU-22	CERTIFICATION REQUEST FORM		FOR DRA USE ONLY			
Sto	eps 1 through 5 must be completed. If not, your request may be considered incomplete	e and rejected.	Fee Paid? Yes No			
STEP 1 PLEASE	BUSINESS NAME	FEDERAL EMPLOYI	ER IDENTIFICATION NUMBER			
PRINT OR TYPE	NUMBER & STREET ADDRESS	DEPARTMENT IDEN	DEPARTMENT IDENTIFICATION NUMBER			
	ADDRESS (CONTINUED)	SOCIAL SECURITY	NUMBER			
	CITY/TOWN, STATE, ZIP CODE	MEALS & RENTAL L	ICENSE NUMBER			
	CONTACT PERSON	CORPORATION	ENTITY TYPE PROPRIETOR PARTNERSHIP			
	CONTACT PERSON TELEPHONE NUMBER					
STEP 2 STATEMENT TYPE	GOOD CANCELLATION STANDING DISSOLUTION OF DOMESTIC LLC	WITHDRAWAL	CANCELLATION OF FOREIGN LLC			
STEP 3 INFORMATION	Line 1 Date registered with Secretary of State's office to conduct business in New	Hampshire:				
	Line 2(a) Date of last business activity in New Hampshire?					
	(b) If this is a request for a Withdrawal or Dissolution, has a final return encomp	passing the last da	y of business been filed?			
	Line 3 Reason for statement request:					
	Line 4 Which taxes have you filed with NH in the past (Check all that apply)?		_			
	☐ Interest and Dividends Tax ☐ Real Estate Transfer Tax ☐ Communications Services Tax ☐ Business Taxes ☐ Meals and Rentals Tax ☐ Other					
	Business Taxes Meals and Rentals Tax Other Line 5 When was last return filed with the NH Department of Revenue?					
	Line 6 If filing as part of Combined Group indicate Name and FEIN of Company und	der which this entit	ty files its NH returns:			
STEP 4 ATTACHMENTS	(a) Have you included a non-refundable fee of \$30.00 made payable to the State of Ne	w Hampshire? Ye	es No			
ATTACHMENTO	(b) For dissolutions, liquidations or cancellations, have you enclosed 1) Federal For Dissolution/Liquidation/Cancellation? Yes No	orm 966; and 2) N	Minutes of Meeting describing			
STEP 5						
SIGNATURE AND TITLE	SIGNATURE (IN INK) OF CORPORATE OFFICER/PARTNER/MEMBER/PROPRIETOR		DATE			
	PRINT SIGNATORY NAME		TITLE			
	Approximate response time is 60 days for a Tax Statement for Dissolution, Withdraw for a Statement of Good Standing.	val or Cancellation	, and approximately 30 days			
FORM	PAYMENT FORM					
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			FOR DRA USE ONLY			
FOR DRA USE ONLY	South Edg (Walle)	0 " "				
	Good Standing Dissolution Withdrawal	Cancellation				
	FEIN/SSN 009 006 006	019				
	NH DRA MAIL AUDIT DIVISION	Statement requi	/able to:			
	TO: PO BOX 457 CONCORD NH 03302-0457	State of New H	ampshire			

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

INSTRUCTIONS

TAX STATEMENT REQUEST FORM

WHO MUST FILE

Businesses are required to obtain a Tax Statement from the NH Department of Revenue Administration (NH DRA) prior to filing with the NH Secretary of State Corporate Division. This requirement is mandated by law pursuant to RSA 293-A, the NH Business Corporation Act.

If not required to file taxes in NH, attach a copy of the first four pages of the federal return actually filed with the IRS for the period that includes the last date of business in NH.

WHAT TO FILE

Dissolution, Withdrawal or Cancellation. If required to file taxes in NH, attach a final New Hampshire Business Enterprise and/or Business Profits Tax return for the period that includes the last date of business in NH. A copy of the first four pages of the federal return actually filed with the Internal Revenue Service (IRS) must be attached to the NH return.

For dissolution, attach copies of Federal Form 966, the minutes of the board of directors' meeting authorizing the dissolution and a plan of liquidation and a schedule detailing the distribution of all NH assets. If signed by a representative other than the officer, partner, member or proprietor, attach a power of attorney or a personal letter signed by an authorized individual indicating an individual designated to act as your agent in tax matters, or a letter authorizing us to send the statement to someone other than the taxpayer.

Good Standing. Attach any and all returns that are due but have not yet been filed with the Department, including copies of all federal pages, as filed with the IRS.

WHEN TO FILE

A completed Form AU-22 and the \$30.00 fee should be filed at least 60 days prior to application with the NH Secretary of State Corporate Division to allow for tax account reconciliation and processing.

WHERE TO FILE

Send your completed Form AU-22 and \$30.00 fee to: NH DRA, Audit Division, PO Box 457, Concord, NH 03302-0457.

NEED HELP?

Call the Customer Service Office at (603) 271-2191, Monday through Friday, 8:00 am - 4:30 pm. For assistance with the Secretary of State Corporate Division requirements, call (603) 271-3246 or visit their website at www.sos.nh.gov/corporate.

NEED FORMS?

To obtain additional forms you may access our web site at www.revenue.nh.gov or call the forms line at (603) 271-2192.

ADA COMPLIANCE

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

LINE BY LINE INSTRUCTIONS

STEP 1: BUSINESS INFORMATION

Enter the business name, address, contact name, the telephone number, entity type, and applicable identification number in the spaces provided. If the contact person is other than the officer, partner, member or proprietor, a Form DP-2848, Power of Attorney, must accompany this form.

STEP 2: STATEMENT TYPE

Check the box indicating the type of statement you are requesting. If requesting more than one original statement, a separate Form AU-22 and fee must be submitted for each additional statement request.

STEP 3: INFORMATION

- Line 1 Enter the date you qualified with the Secretary of State's office to do business in New Hampshire.
- Line 2(a) Enter the last or most recent day of business activity in New Hampshire for the entity for which you are requesting the statement.
- 2(b) A final return encompassing the date of withdrawal, dissolution or cancellation must be filed, check the appropriate box to indicate if the final return has been filed. If not, submit your completed final return with this request, or your request may be delayed or denied.
- Line 3 Provide a complete explanation of the reason(s) for the statement request.
- Line 4 Check the box (es) to indicate all New Hampshire taxes you have filed with the State of New Hampshire.
- Line 5 Enter the date of the last return filed with the State of New Hampshire.
- Line 6 Enter the name and Federal Employer Identification Number (FEIN) of the parent company, if applicable. If not, specify "No Parent" or specify principal NH filer if entity files as a member of a

combined group.

STEP 4: ATTACHMENTS

- (a) Select yes or no to indicate whether you have enclosed the \$30 non-refundable fee, made payable to the State of New Hampshire. If your request is submitted without the appropriate fee, your request may be denied.
 (b) Dissolution, liquidation or cancellation requests require that
- (b) Dissolution, liquidation or cancellation requests require that you submit a copy of your Federal Form 966 and a copy of the minutes of the meeting held when the decision to dissolve, liquidate or cancel was made. Check the appropriate box to indicate that you have included these documents, if applicable.

STEP 5: SIGNATURE AND TITLE

Signature, in ink, of a corporate officer, member, partner or proprietor, the title of that individual and the date the request was signed. If other than the corporate officer, member, partner or proprietor, attach a completed NH DP-2848, Power of Attorney.

NOTE

The Commissioner's determination is not the result of an audit and issuance of a statement of good standing or for withdrawal or dissolution does not preclude audit of the business organization and its returns for any open period.